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# **Relining & Rebasing for Complete Dentures**

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# RELINING C.D.

Is a process of **resurfacing** the tissue side of the denture with new material to fit more accurately without changing the occlusal relations of the teeth

# **REBASING C.D.**

**Is a process of refitting a denture by replacing the entire denture base material without changing the occlusal relations of the teeth**

# Reasons for Relining & Rebasing

- 1. To improve the retention , Stability**
- 2. the appearance in cases of over closure**
- 3. To restore the VD ( within 3-4 mm ) & the masticatory efficiency**
- 4. To eliminate the pain arising from ill-fitting dentures**

# **Contraindications for R & R**

- 1- Excessive amount of ridge resorption.**
- 2- When abused soft tissues are present.**
- 3- If the dentures have poor esthetics or unsatisfactory jaw relationships**
- 4- If the dentures create a major speech problem**
- 5- In severe osseous undercut , until surgical removal & healing occurs**



# **Techniques of Relining**

**I. Indirect Technique**

**II. Direct Technique**



# Indirect Technique

# Armamentarium



Stick compound, ZOE impression paste, Mixing pad & spatula, Straight hand piece & burs, Knife

# **Relining of Mandibular CD**

**All undercuts on the fitting surface of the denture are removed with a bur or stone & the surface is slightly roughened**



If the denture overextended in any area, the border is reduced in length

If it under extended, the flanges are lengthened by addition of tracing ( green stick ) compound

The crest of the lower ridge should be relieved

# Trimming the denture borders

## Sublingual roll ( compound is added )

### Functional moulding of anterior sublingual border



# Para lingual Flange

## Functional moulding



Sublingual roll & paralingual flange  
formed on the ridge side

Avoiding compression of the ridge  
mucosa





# Completed the functional border

The denture is then lined with a uniform thickness of ZOE impression paste & placed in the mouth



# Completed Reline Impression

Suitable lip, cheek & tongue movements to  
trim the periphery

After the paste has set , the denture is removed  
& examined



To minimize the margin of error,  
the mandibular reline is carried out to  
completed before relining the maxillary  
denture

# Vertical Dimension Restoration

In cases where the VD requires a restoration of 3 to 4 mm, the lower denture should first be lined with compound & the impression made with the teeth in occlusion

The thickness of compound used should be restores the desired VD

The compound is, then chilled & dried and the final impression to correct the VD is made with a film of ZOE impression paste

# Relining the Maxillary CD

Checking the occlusion in the mouth



The denture to be relined



The impression of the upper denture is made , after completing relining of the lower denture

*as described before*

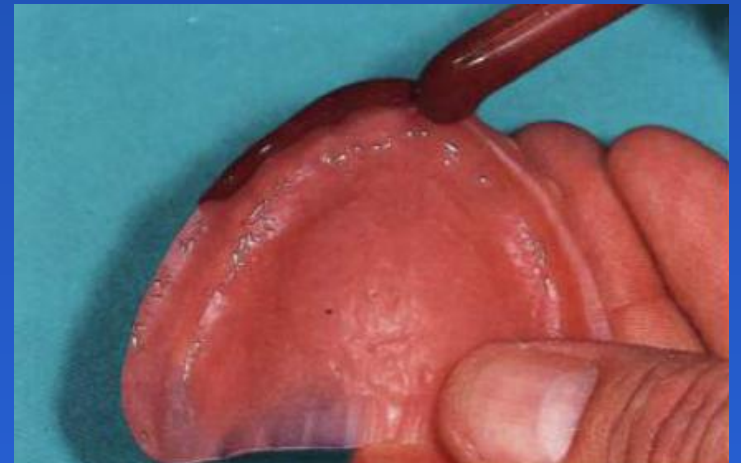
The border is shortened about 2-3 mm  
all around



The denture modified as a  
custom tray



Application of compound  
to form a new functional  
border





**Functional border  
moulding in the  
labial area**



**Functional border  
moulding in the  
cheek region**



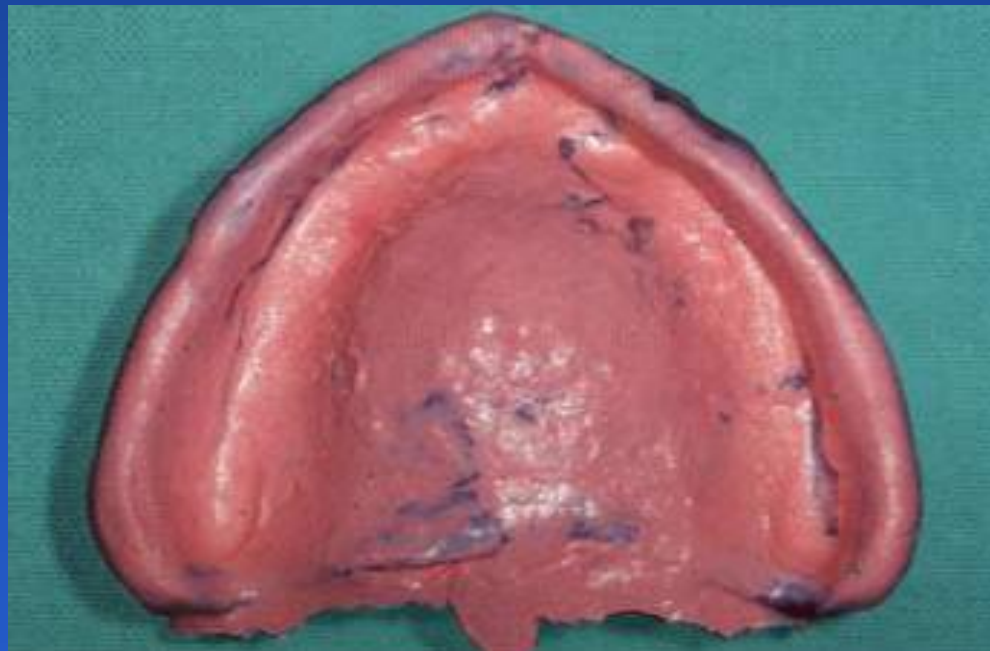
# Completed functional border and posterior palatal seal



# Making the Impression



# Completed Impression



# Laboratory Procedures

A model is cast from the impression within  
the old denture

**The denture is flaked at the same time**

Flasking & processing are carried out

To minimize possible warpage , of the old  
denture base material , cold-curing  
acrylic resin may be used as the new  
denture base material

# Armamentarium



Separating medium , Brush

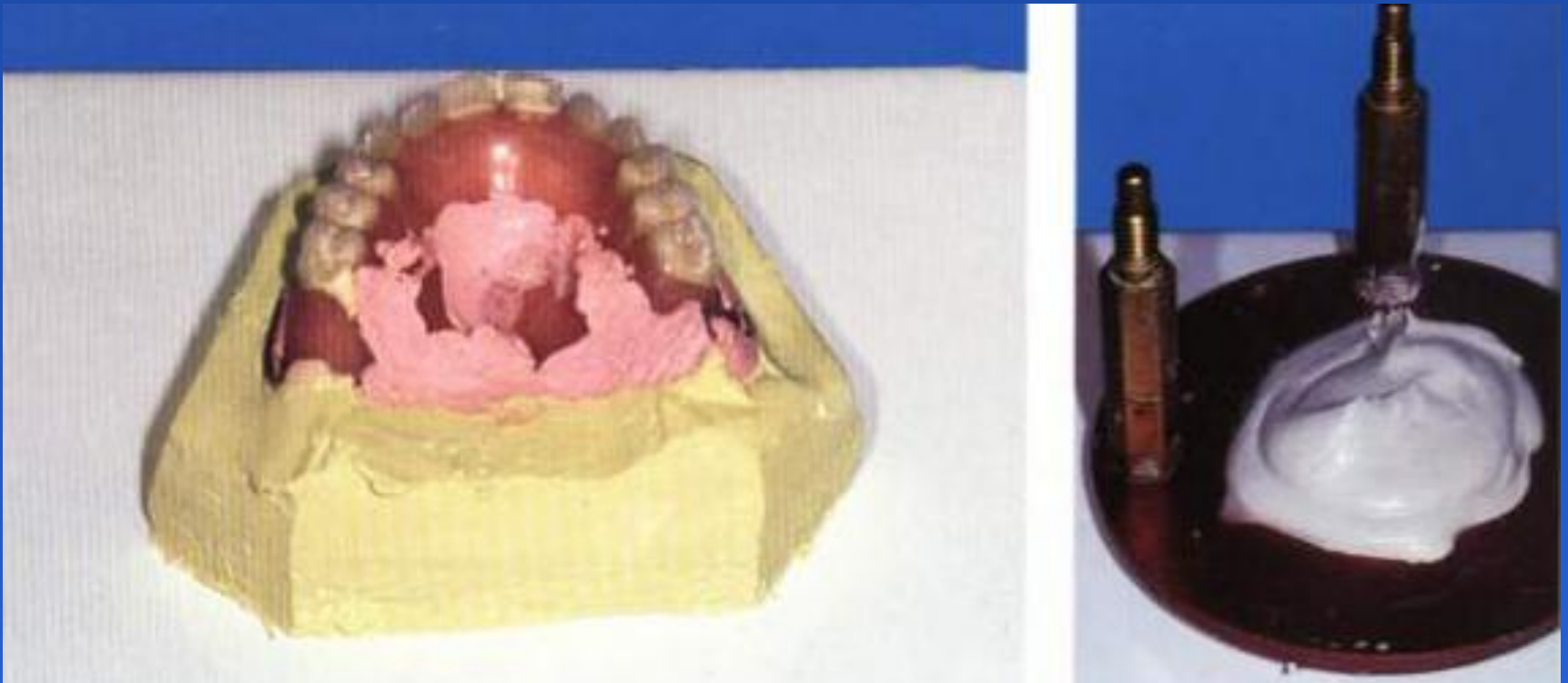
Self-curing denture acrylic resin

Mixing cup & spatula , Okklamat ( duplicator )



# Laboratory Procedures

## Making A Stone Cast for Relining





# Mounting the Cast & Denture in the Okklamat ( Duplicator )



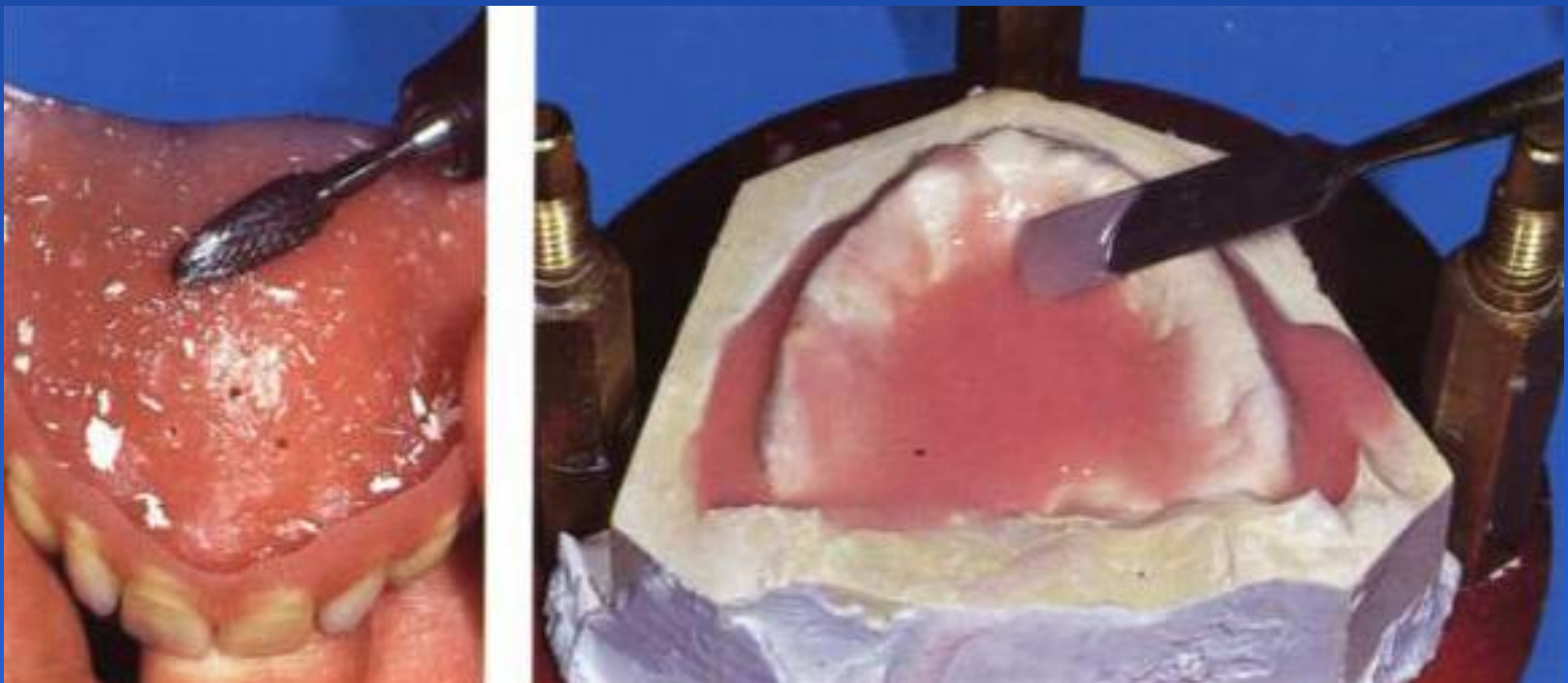
A groove is scraped into the stone cast to improve adaptation of the posterior border & to compensate for polymerization shrinkage

The denture separated from the cast



# Freshening the inner surface of the denture

## Application of the new resin



Duplicator Closed with three wing nuts

Polymerization in a pressure flask





# Rough form of the relined denture on the cast

## Trimming the relined Denture



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# Direct Technique for Relining Complete dentures



# Materials

- Cold-cure acrylic resin ( either hard or soft )
- Visible light-cure acrylic resin

# Advantage

Since it avoids any laboratory technique

Inconvenience caused to the patient by being deprived of his dentures





# Chair Side Reline

The process involves lining the dried denture with a thin layer of relining material and placing it in accurate position in the patient's mouth for about 4 to 5 minutes to allow for polymerization

The mucous membrane having previously been smeared with Vaseline



**The denture is removed & polymerization completed in a warm water bath of 40 degree temp.**

**The time required being about 10 minutes**

**The denture border must be trimmed & polished**

**Disadvantages:**

**Painful irritation of the mucous membrane**

# **REBASING of Complete Dentures**

Disadvantage of Relining the upper CD  
is the thickening of the palate

This may be avoided by Rebasing the  
upper denture

# Technique of Rebasing the Upper Denture

- 1- A ZOE impression is made in the upper denture
- 2- A model is cast in the usual way as described for relining
- 3- The main difference is that in rebasing the entire palatal area is cut off & re-waxed
- 4- Then the denture is flaked & processed in the usual manner

# Resilient LININGS



# Uses of Resilient Linings

- 1- To eliminate pain under the lower denture if the ridge can not withstand the transmitted pressure of mastication
- 2- In single mandibular denture against natural maxillary teeth
- 3- To utilize gross undercut to achieve maximum retention of the denture

**Resilient linings are to be permanently attached to the denture???**

In fact their general properties are so poor  
that they must be considered as  
temporary because:

1- Some material develop a rough surface  
after wear, with food being embedded in  
the surface

2- Some linings split under stress & / or  
peel away from the denture base

3- Change in color due to staining & deposits of calculus

4- The lining may become hard due to loss of plasticizer

5- The surface may become bubbled if the denture cleaned with oxygenating type

# Checking the relined CD for Retention & stability in the patient's mouth



# Training to the patient for denture insertion & cleaning



